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Acronyms

APPS	Health Agreement Political Parties
ARH	Ayacucho Regional Hospital
ANGR	National Assembly of Regional Governments
CDMI	Distribution Centers of Drugs and Supplies
CEPLAN	National Center of Strategic Planning
CIES	Consortium for Social and Economic Research
CPT	Current Procedural Terminology
CTIN	National Health Insurance Implementing Committee
CTIR	Regional Health Insurance Implementing Committee
DARES	Strategic Resources Management Directorate
DIGEMID	MOH Health Supplies General Directorate
DISA	Sub-Regional Health Directorate
DGSP	MOH Persons-Health General Directorate
DGRH	MOH Human Resources Development General Directorate
DO	MOH Decentralization Office
DGPM	MOF Planning General Directorate
FP/RH	Family Planning and Reproductive Health
HIS	Health Information System/s
HHR	Human Resources for Health
HN	Health Network
IHC	Intergovernmental Health Committee
IDB	Inter-American Development Bank
IT	Information Technology
ILO	International Labor Organization
JUNTOS	Cash-transference Program in Support of the Poorest
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCLCP	Concerted Group for the Reduction of Poverty
MEF	Ministry of Economics and Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MN	Health Micro Network
NDI	National Democratic Institute
NGO	Nongovernmental Organization
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
PAHO	Pan American Health Organization
PAN	Articulated Nutrition Program
PI	Incentives Plan for the Improvement of Municipal Management
PARSALUD	Support Program of Health Reform
PCM	Prime Minister's Office
PEAS	Essential Health Insurance Plan
REMURPE	Network of Rural and Urban Municipalities of Peru
RENIEC	National Office for Identity Registration
RG	Regional Government
RHD	Regional Health Directorate
SECCOR	Secretariat for Coordinating the National Health Council
SETEC	Technical Secretariat of UHI Implementing Committee

SEPS	Supervisory Instance of Health Providers
SD	Decentralization Secretariat
SGP	Secretariat of Public Management
SIAF	Integrated Financial Management System
SIGA	Integrated Management System
SIS	Integrated Health Insurance Program
SISMED	Integrated System of Medical products and Supplies Management
SISFOH	Household Focalization System
SRHD	Sub-Regional Health Directorate
UHI	Universal Health Insurance
USAID	United States of America Agency for International Development

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1. Introduction

During this quarter, Peruvians elected the new President that will conduct the national government for a five-year period, and the 130 Congress members that will rule for the same period. The presidential election was defined in a second round two months after none of the two most popular candidates reached the required 50%+1 of the votes. The elected President, Mr. Ollanta Humala won the elections with a very tight difference, which shall forced him and his cabinet to moderate his original plan, in order to avoid conflicts and include the different voices of stakeholders around the country.

On June the new government technical teams were introduced to each Ministerial team and received the required information to assume government next august, although no official appointment of Ministers or technical positions were made yet. It is expected that new authorities will assume the Ministry of Health (MOH), and hopefully shall aligned to the different political parties' agreements related to health policies and reform.

During this quarter, the project launched two technical dialogue series on decentralization and health financing. The project team organized six conferences on the advances and challenges of the decentralization process in Apurimac, Ayacucho, Cusco, Huanuco, San Martin and Ucayali, and two conferences on health insurance in Ayacucho and Ucayali. In Lima, the technical dialogue on health financing started with the presentation of the paper on fiscal space, and a second meeting was organized to present a paper on health financing performance. At the same time, the project team is preparing a paper on decentralization that will be presented and discussed during the next quarter.

The project team was also involved in assisting the MOH in the design and elaboration of a budget program that shall support the extension of health coverage to provide health care in the different conditions included in the health insurance essential plan, but are not currently covered by the current budget

programs. The approval of this budget program and a health financing law are currently the MOH priorities, that shall support the implementation of the Universal Health Insurance policy, which is the main legacy of the current government.

2. Progress

During this quarter, Project activities continued following its work plan and strategy based in the main issues the MOH is focusing the final stage of this government. Main areas of assistance were related to provide technical assistance to the MOH Decentralization Office (DO) and the Intergovernmental Health Committee (IHC), the MOH Budget and Planning Office (OGPP), the MOH General Directorate of Human Resources, and the MOH General Directorate of People Health.

At the regional level, activities continued in Ayacucho, San Martin and Ucayali with the in site technical assistance of project regional advisors and the headquarters technical team. In the other three project regions, Apurimac, Cusco and Huanuco, activities were also implemented based in the agreements made with the Regional Governments and Health Directorates.

During this quarter, the Project trained and/or provided technical assistance to 1,159 persons, **74% at the regional level.**

Table 1: Number of participants to technical and training activities per Region

Region	Number of participants			Percentage
	Women	Men	Total	
Lima – National	101	206	307	26%
Apurímac	13	12	25	2%
Ayacucho	100	108	208	18%
Cusco	28	39	67	6%
Huánuco	54	45	99	9%
San Martin	166	183	349	30%
Ucayali	36	68	104	9%
Total	498	661	1159	100%

Table 2: Number of participants to technical and training activities per CLIN

Region	Number of participants			Percentage
	Women	Men	Total	
Governance	169	214	383	33%
Financing	165	277	442	38%
Information	3	1	4	0%
Human Resources	68	63	131	11%
Medical supplies	85	100	185	16%
Project management	8	6	14	1%
Total	498	661	1159	100%

A detailed description of activities is presented in the following lines, per each of the Project five components.

1. Health Sector Governance

1.1. Strengthen and expand decentralization of the health sector

In this quarter the Project has focused its activities in: a) dissemination of key information on the decentralization process to new health authorities, officials and representatives of civil society in six regions and at Lima; b) Strengthening of the Intergovernmental Health Committee (IHC), supporting its Executive Secretariat in the organization of IHC meetings, both working and assembly meetings; c) Technical assistance to MOH Decentralization Office for the second regional application of the monitoring and evaluation tool on health decentralization (MED) in all the country.

1.1.1 Health sector issues have been debated publicly in the political transition at the national and regional level

The national level has continued work aimed at proposing an agenda for the new government period 2011-2016; the committee continues working to consolidate the proposals of each political parties about Non communicable

Disease (NCD) and Human Resources. In the same way, the committees continue to get signing the Lima metropolitan health decentralization's document by the political authorities.

About the systematization of the APPS in the last 5 years, we discuss the work plan with the partners and with the committee, the consultant begin the interviews and made the first report. In the other hand, we elaborate a proposal to identify principal issues about technical assistance for the political parties in collaborate with National Democratic Institute.

1.1.2 New health authorities and officials receive key information and policy advice regarding the decentralization process

During this quarterly, the Governance team has developed several dissemination meetings at Lima and regions, aimed at presenting a preliminary balance of health decentralization process:

Cusco: The meeting was held On May 10th 2011, convened directly by the project, with the participation of officers from Cusco Regional Government and RHD and representatives of Health Regional Council, health professionals associations, health university faculties, NGOs and the decentralization group. The participants were interested to continue the regional debate on this issue and to formulate a regional agenda on decentralization; the Health Regional Council would convene another meeting after the national elections.

Ucayali: A second dissemination meeting was organized on May 13th, convened by the project (the first was on March 16th). The participants were officers from Huánuco Regional Government and RHD and representatives of international cooperation entities and projects. The RG Social Development Manager and the responsible of the Regional Council were interested in incrementing the regional debate on this issue with other regional actors.

Huánuco: The meeting was held on May 18th 2011, convened by the Health Regional Council, with the participation of officers from Huánuco Regional

Government and RHD and representatives of health professionals associations, health university faculties and civil society.

Apurimac: This activity took place on May 24th at Abancay, arranged by the project, and had the attendance of officers from Apurimac Regional Government and Abancay and Chanka RHD, Abancay provincial municipality, and representatives of health university faculties, NGOs and the civil society.

Ayacucho: The meeting was developed on May 26th 2011, organized by the project. Several institutions attended: officers from Regional and Local Governments, MOH Decentralization Office (Dr. Enrique Marroquín), RHD and Health Networks, and representatives of health professionals associations, international cooperation entities and other USAID projects. As a consequence of the meeting, the RHD will ask to the MOH for the application of the health decentralization monitoring tool (MED) in the region, and the technical assistance for the elaboration of the RHD capacities building plan on the basis of the results obtained.

San Martin: The dissemination meeting was carried on May 27th, arranged by the project. The meeting had a very good attendance: officers from Regional and Local Governments and RHD, and representatives of professionals associations, health university faculties, NGOs, civil society and other USAID projects. The Health Regional Council mentioned the need of promoting other information activities on the decentralization process.

Lima: The main meeting was held at Lima on May 27th, convened by the project with the objective of disseminating preliminary information on advances and challenges of health decentralization process to key national actors. It had an important and unexpected participation: MOH officers and representatives of regional and local government associations (ANGR, AMPE, REMURPE and Lima Municipality), civil society, political parties, cooperation projects and institutions related with decentralization process, Cayetano Heredia University, Midwives Professional Association, Medical Union, and Peruvian Ombudsman. The majority of participants expressed their questions, concerns and opinion

about the decentralization process. They are very interested in continue the debate and participate in a specific referential group with the purpose to achieve agreements in the health decentralization balance and agenda. Many of them mentioned important limitations of the Peruvian decentralization design and advances..

1.1.2 Develop and implement national and regional anti-corruption plans for the health sector

This trimester the technical team of anti-corruption plan for health of the Huánuco region has completed the diagnosis preparation on the most sense troubles in this area. Also, there has been conducted a workshop with the Regional Health Council and the Regional Health Authority where analyzed the findings of diagnosis and prepared the technical proposal for regional anti-corruption priorities in health.

Managing process	Priority risks of corruption
Institutional management of human resources	1. Designation of traditional management teams.
	2. Selection and recruitment.
	3. Breach of opening hours and activities.
Contract management.	4. Overvaluation of goods and services.
Care management.	5. Diverting patients to private care.
	6. Improper charges: Birth certificates, surgery, sales of planning inputs.

Getting organized around three processes of management, it has been established the main risks of corruption, which must be fought by the current regional administration. HRD technical team has established 3 working groups to support each chosen problem, propose indicators and targets by priority, and anti-corruption steps relating to increase transparency, accountability, participation and control and punishment.

1.1.3 The Intergovernmental Health Committee (IHC) has agreed on, approved and is implementing a health agenda

The Intergovernmental Health Committee (IHC) has continued functioning through technical meetings and one ordinary meetings of its assembly. As a consequence of its new by-law, approved in its V^o ordinary meeting held at Lima, the Executive Secretariat was constituted and installed in April 13th 2011 as a co-direction instance of the IHC with the participation of the three governmental levels. The Executive Secretariat has had an active functioning holding four meetings, using electronic communication tools. It has organized the VI^o ordinary meeting, in a properly and ordered way, allowing an adequate representation of the three governmental levels, instead of the past exclusive direction of the MOH. The Project's role was to support this Executive Secretariat in the organization of IHC meetings, both working and assembly meetings.

One agreement of the V^o ordinary meeting was the revision of the health competencies and functions matrix amongst the three governmental levels. This product was a compromise of the current National Government to be done before the governmental transfer in July. In this context, the Executive Secretariat asked for a special meeting for this task:

- A first meeting was held on May 31st at Lima, with the participation of MOH and PMO officers, and functionaries of around ten RHD. They couldn't achieve an agreement because the MOH proposal diminished the RHD functions and competencies, already transferred to them. The conduction of the meeting was assumed by MOH officers.
- A second meeting was developed on June 15th at Huancayo, in Junin Region, the day before of the VI^o ordinary meeting. It was conducted directly by PMO officers. Again, the national and regional government participants could not achieve an agreement.

- Previously to these meetings, the Governance team gave technical assistance to some Regional Governments, preparing an alternative proposal of the health matrix and advising them in their critical issues.
- In a parallel way, the PMO convened the municipal associations (AMPE and REMURPE) to a meeting for agreeing the local health functions of the matrix. The position of both is to postpone this debate for the next governmental period. Also, the Governance team has given technical assistance to them, preparing an alternative proposal to that one elaborated by the MOH, which does not incorporate the initial proposal formulated and validated by the MOH Decentralization Office with the technical assistance of the project.

Another agreement of the V^o ordinary meeting was to hold a specific dissemination meeting with mayors. This was organized by the MOH Decentralization Office, with the technical assistance of the project and the support of the two municipal associations included in the IHC (AMPE and REMURPE), and was carried out on May 24th at Lima. The purpose was to make an induction to them about the IHC functioning. Although, it had few participants, so therefore they could not achieve any agreement aimed at strengthening their participation in the IHC. The Governance team supported to REMURPE in the elaboration of its presentation at this meeting.

One activity included in the IHC annual plan is the regional application of the monitoring and evaluation tool on health decentralization. The project has supported to the MOH Decentralization Office for this (see section 1.1.5). The MOH has supported regional application in six regions (Madre de Dios, Huancavelica, Arequipa, Cajamarca, Provinces of Lima, and Pasco).

On June 16th and 17th, the VI^o IHC ordinary meeting was held in Junín. The Governance team supported the MOH Decentralization Office and the Executive Secretariat in its preparation and organization, elaborating the program, preparing the correspondent papers (methodology to strengthen the institutional framework of the Intergovernmental Commission on Health), and redacting its conclusions and agreements. The main issues developed were: a)

Monitoring of advances in the accomplishment of agreements and commitments of the 2011 IHC plan; b) Strengthening mechanisms of IHC organization and functioning, through the formalization of its new By-law and the institutionalization of the Executive Secretariat as its intergovernmental direction instance; c) State the main health issues as priorities of the policy sector agenda and the intergovernmental management; d) Approval of the health competencies and functions matrix amongst the three governmental. The assembly ratified the approval of the new By-law, subscribed the “Intergovernmental Statement for the health of Peruvians“, and agreed about the procedures to complete the revision of the health competencies and functions matrix.

1.1.4 The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health

During this quarterly, the MOH selected the national health priority that requires a decentralized management model. So, the MOH requested technical assistance from USAID / Health Policies to develop an intergovernmental management model for the prevention and control of the malaria.

In April, the working group (MOH, PAHO, USAID/AMI, USAID/HP) was formed to design the model of management. The group approved the work plan proposed by USAID/HP. The work plan will be supported by PAHO project financed by USAID/AMI.

The USAID/HP developed the SOWs of consultants who will be in charge of systematic review about the impact of decentralization in the malaria control, a rapid assessment of the decentralized management of malaria control in Peru, and review of international experience of decentralized management of malaria control.

Technical Assistance to San Martin in the Design of a Regional Program for the Reduction of Chronic Malnutrition

The Regional Government of San Martin has as a priority of his administration to reduce chronic malnutrition among children under 5 years, hence they have decided to implement an effective program that allows a significant reduction at the end of the period 2011-2014.

To this end, the Regional Government authorities requested technical assistance from USAID / PERU / Health Policy. USAID suggested that the program is supported by effective interventions that have been rigorously evaluated and whose impact can be measured in terms of reducing malnutrition.

First, the team of USAID / PERU / Health Policy, officials and technicians from the region identified which interventions are effective and what is the baseline coverage of these interventions in San Martin. The interventions examined are varied and include educational and promotional activities to improve nutrition, micronutrient interventions and preventive interventions in multisectoral scope. Improving the coverage of interventions more effective in 2014, could be reduced by 10 percentage points of chronic malnutrition in the region of San Martín, which will require considerable effort in terms of funding and management by the Regional Government.

Effective interventions that will achieve the goal set by the Regional Government are grouped into: a) strategies for improving the intake of nutrients and micronutrients (nutritional counseling and micronutrient food delivery), b) strategies for disease prevention (installation water and sanitation systems, promotion of handwashing with soap, safe disposal of infant faeces, vaccination, family planning, institutional delivery, postpartum care), c) strategies for disease management (quality care in health services, therapeutic feeding for children with severe acute malnutrition, diarrhea treatment with zinc, treatment of pneumonia with antibiotics, treatment of dysentery with antibiotics, calorie and protein supplements for malnourished pregnant women).

Then, the USAID / Peru / HP presented a plan of technical assistance to design management and implementation of effective interventions. This plan was approved by the regional government.

During this period, with technical assistance from USAID / Peru / HP, the regional government has done the following: i) selection of priority districts where effective interventions will be implemented, ii) designing the strategy of service delivery so gradual tracking cohorts of children, iii) cost study of effective interventions, iv) additional annual budget. With these products has been completed the first phase of technical assistance plan.

1.1.5 Regional Health Directorate and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization

The project has supported to the MOH Decentralization Office for the second regional application of the monitoring and evaluation tool on health decentralization (MED) in all the country. The project gave to it technical advice in the planning of this second application, training of facilitators and in the methodological design for the formulation of regional plans for institutional capacities building, on the basis of the results of the MED application. The project has accompanied the MOH Decentralization Office in the validation of the methodology for prioritizing management processes in Madre de Dios. The consultant Juan Spelucin has completed the up-dating of the guideline for RHD organizational redesign and planning, formerly elaborated by USAID project PRAES. This technical report incorporates methodological adjustments learned during PRAES and Health Policy Projects in different regions, both for designing and implementing organizational proposals.

During this quarter, the Governance team was processing the results of the workshop developed on March 15th and 16th aimed at formulating a new organizational implementation plan for the middle and short term, and prepared a technical report of it to send to the RHD. Unluckily, a prolonged RHD worker strike was sustained from April 13th to May 12th 2011, which halted the project

technical assistance. Once the strike finished, the RHD had to tackle pending urgent issues, postponing therefore the organizational implementation process. The next planning workshop was programmed for July. The RHD has already sent the proposal of Health Networks By-law to the Regional Government for its approval. Additionally, the project has been giving technical assistance in the formulation of RHD Personnel Assignment Cadre and its correspondent Labor Position Index; this proposal is in an advance state of formulation.

In Cusco RHD, the project is waiting for the approval of the RHD re-organizational proposal. Nevertheless, the Regional Government has not designated the new organizational commission until now.

In Apurimac Region, the project has agreed with regional authorities a working plan for the technical assistance in the organizational design of Health Micro Networks, which first activity will begin in July.

1.1.6 The MoF and MoH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local

During this quarter, the Project discussed with the regional authorities of San Martin and Ucayali, the importance of promoting an intergovernmental agreement with the local governments to address the reduction of chronic malnutrition within the framework of the MOF Incentives Plan. The interest in signing these agreements in both regions diminished because the MOF decided to postpone the allocation of the incentives to the local governments within the framework of an emergency decree that looked for the reduction of public expenses during this quarter. Nevertheless, this decision was changed by the end of June, and the MOF published the list of districts that accomplished the required goals that conditioned the incentives allocation.

In the next table, there is the number of local governments in each of the six project regions that will receive the incentives by June 30. Huanuco and San

Martin are the regions with the greater percentage of municipalities receiving this conditional incentive.

	Complete Incentive	Partial Incentive	No Incentive	Total	Total
Apurimac	63%	4%	34%	100%	80
Ayacucho	76%	6%	18%	100%	111
Cusco	70%	6%	23%	100%	108
Huanuco	80%	5%	14%	100%	76
San Martin	82%	0%	18%	100%	77
Ucayali	67%	13%	20%	100%	15
Total	74%	5%	21%	100%	467

2. Health Sector Financing and Insurance

2.1 Improve health coverage of poor and vulnerable populations

2.1.1 The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services

During this quarter, the Project finished, with the technical team appointed by the MOH DGSP, the review and consistency of Health Insurance Essential Plan (PEAS). This work has included the comparison of the PEAS with the national essential drugs list to identify new medical's procedures and new drugs that required to be incorporated. This work completes 100% of the revision.

This effort has allowed the DGSP's team to revise the PEAS, with the participation of several health specialists in many working sessions; in fact, this

team has gained an advanced knowledge and management of the technical content of PEAS, which is a key element for the institutionalization's process.

2.1.2 New health authorities and officials receive key information and policy advice regarding strategic action to strengthen and expand the health insurance reform

During this quarter, the component has organized two workshops with new health authorities in Ayacucho y Cuzco, who receive key information regarding strategic action to strengthen the health insurance reform and the implementation of Health Insurance Essential Plan (PEAS) in these regions. In these workshops the Project presented and delivered executive summaries to new health officials regarding universal health insurance.

In May provided technical assistance to Cusco Diresa in the early implementation of the VRAE Plan. Accompany the Plan socialization meetings in the districts of Kimbiri, Pichari and Convención. These meetings were signed commitments for the implementation of four strategies for the first six months. Strategies are "optimization process of affiliation", "strengthening of UPSS with available resources", "improving the processes of drug supply management" and "improving the information system for membership".

In June, the technical assistance given to the socialization of AUS Plan between Diresa officials and we proceeded to the lifting of observations made by some Diresa offices.

As part of these activities, the regional authorities requested capacity building regarding Health Insurance Essential Plan (PEAS). This activity is planned to be developed in the next quarter. The purpose is to explain in detail the conceptual and methodological design of the plan and its usefulness for the financing and delivery of health care.

2.1.3 The MoH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance

In this quarter, as part of support to the discussion on health financing reform, the component has prepared a technical report on the performance of health financing in Peru from 2000 to 2009. This report and the study of Fiscal Space are disseminated and discussed at two meetings in the context of discussing the draft law on health financing. Therefore invited subject specialists and public officials have been discussing the issue with the legislature.

In late May, sent the document "fiscal space" for the Planning Office to review, validate and gain approval for publication. In June this document was in the Office of the Minister for approval.

In June, the project had finished reviewing the document "Performance of the System of Health Financing in Peru", which is extracted valuable information to be discussed at the second breakfast on Finance Reform. This meeting draws the attention of policy makers, health experts and public officials has allowed the discussion of major issues of funding in the context of the "*Ley de Financiamiento de la Salud*" proposed by the Ministry of Health in Congress.

2.2 Ensure efficiency and equity in health resource allocation

2.2.1 MOH has designed a new Budgetary Program in the framework of the implementation of performance budgeting.

The Directorate General of Budget Office (DGPP) has promoted the development of new budgetary programs, whose guidelines were presented by Executive Resolution 002-2011-EF/50.01 and 002-2011-EF/76.01 of March and June respectively. The emphasis is on accountability. These programs are formulated from a specific outcome of the sector is responsible, ie, a result whose success depends on products identified and prioritized by the health sector.

Our project in May and June has provided technical assistance to MoH to design the Budget Program "Extension of Health Protection". The health sector has decided that the specific outcome, from which the program is designed, including a set of individual health interventions (PEAS conditions) and have not

been covered by other budget programs, because these health interventions have a significant impact on social protection to vulnerable groups.

The formulation of the Budget "Extension of Health Protection" is part of promoting individual health access to families living in poverty and extreme poverty. In this sense, the health sector approach seeks to move from vertical programs towards comprehensive health care.

Technical assistance has consisted in developing the conceptual framework of social protection and social risk management as well as developing a model that relates the negative effects of disease on transient and chronic poverty. The project also helped in the development of health products based on health conditions made by PEAS, making budget formulation 11 products including 54 activities to facilitate budget management by the Regional Budget Units (BU).

Currently, the project has been nominated for the MOF and is under evaluation by the Directorate General of Budget. (attached Proposal).

2.2.2 Regional plan for improved management of health financial flows has been approved and is being implemented in one region

In June, a workshop which aimed to submit for final validation, the proposed funding flows in the area of DIRESA, Regional Government of San Martin. It also sought to define, together, the implementation strategy for the implementation of the proposed budget flows. (attached Report).

As a result of the workshop will readjusted the proposal and agreed that the final proposal for funding flows were presented in each of the four Budget Units to ensure that all key personnel of these agencies know the proposal and make it their own. It was also agreed as a next step the development of a new administrative directive that DIRESA develop and replace the current Directive No 001-2009-DEA-DIRES/SM "Budget execution process of regular resources funding sources, resources directly collected, donations and transfers".

2.2.3 RHD in one priority region has formulated multiyear health investment plan

In May, the PMI formulation methodology was validated in the San Juan de Lurigancho Network, which adjusted the content of Step "UPSS Planning" by introducing two variables to the methodology *"Strategies for organization of UPSS"* and *"Options purchase of services "* that will be useful for investment planning in metropolitan areas.

In June, the Ministry of Health OGPP began the process of approval of the Technical Guide, for which both the Directorate General of Human Health and the Department of Infrastructure and Maintenance of the Ministry of Health gave approval for the proposed methodology. The guide is currently General Secretary for the issuance of the respective Ministerial Resolution (attached technical guide).

In June, we present the results of the validation of PMI in the Regional Government of San Martín for the purpose of identifying the political value of information resulting from the exercise and identify next steps for the formulation of the PMI for the entire region.

3. Health Information

The second quarter of 2011 has served to consolidate agreements between the project and key partners (OGEI, DGSP, SIS, and SUNASA). Coordinations involved the advance of the key topics of the MoH's and the project's common agenda, that is, in the definition of standards of information, and in the institutionalization of GalenHos. The recent national election has forced the identification of technical milestones to be arrived before the ending of the current administration. These advances will be further explained in the next sections.

3.1 The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions

3.1.1 National data quality standards are established or improved

Two points of the agenda have been worked in this quarter. The first related to the preparation of the universal health insurance medical procedures' catalogue. The second related to the formal definition for the interoperability standard.

Regarding the medical procedure catalogue, the MoH has refocused its attention on the set of medical procedures needed for the implementation of the universal health insurance reform. Changes in EsSalud's authorities and the recent elections have prevented the ending of the revision process, even though it was on its final phase. The update of the comprehensive catalogue of medical procedures has been indefinitely stopped, and expects the political decision by the next administration in order to be reinitiated.

The MoH requested the project to prepare a proposal providing auxiliary information for the catalogue, based on the description of medical procedures, so as to better understand the nature of the medical act to be financed. The project has finished this piece of work and has handed it to the MoH. In addition to the request, the project has also prepared an application rules section, so as to facilitate the improvement of the registering process at the provider level. The document is now in its process of official approval, and it is expected that the decree might be published in July.

Regarding the design of interoperability standards, OGEI has already prepared the project of resolution that makes official the use of HL7 as the interoperability standard to be used in the health sector. The document is also in its process of official approval, and it is expected that the decree might be published in July.

3.1.2 Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions

Regional plans execution has continued in Ayacucho and San Martin, and their evaluation are expected to be executed in the next quarter, after 1 year of its formulation.

In Ayacucho, there is no clear IT agenda set at the Regional Health Directorate. Although there was an initial interest in implementing GalenHos for Primary Care, officials from the RHD have not maintained a fluid coordination with the project in order to settle the technical agenda to be developed with Licenciados and Santa Elena health centers. This situation is also reinforced by the uncertainty regarding the time scope of the project. This appreciation is particularly critical for the development of IT solutions, since there is a feeling that there is a real risk that change initiatives might be begun but also aborted. Regarding GalenHos for Hospitals, the software is working according to the local expectations and requests for further maintenance have been significantly reduced. Prior menaces to the sustainability of GalenHos in this hospital have vanished in the short term. This is due to the fact that officials defending the implementation of commercial solutions in this hospital have not found significant technical faults in GalenHos. Another contributing factor is the instability of the current managing group, which has not been able to show a positive balance up to now, a situation that might force the need for further changes in this team. A third important factor is the current demolition of part of the hospital's infrastructure, situation that makes impractical to attempt an IT change, since there will be a need to incur in software reinstallation costs with the new infrastructure. Reinstallation costs for GalenHos are significantly lower as compared with commercial systems, since there is local staff than can assume directly this task, with zero marginal costs for this task. On the contrary, commercial reinstallation would duplicate the cost required for the implementation of this IT option.

In San Martin's RHD, the situation is similar to that described for Ayacucho, and there is not a high demand for a solution for the primary care health information system. Regarding GalenHos for hospitals, a basic implementation of GalenHos is due to be finished in Tarapoto and Moyobamba hospitals in the next quarter.

This solution involves the following modules: medical archives, admission, scheduling, outpatient care and a reporting system that links GalenHos database with SISMED. It is not envisaged to implement the pharmacy module at this stage, since it would oblige the implementation of the billing module, for which there seem to be difficulties, in particular, for the definition of the procedural charter and its pricing policy.

Other regions with which technical assistance continued to be provided are Huánuco, Cusco, La Libertad, Tumbes and Cajamarca. Regarding Huánuco, Tingo María Hospital is ready to sign the agreement with the project. This document is expected to be signed next quarter.

In Cusco, the institutional agreement between Sicuani hospital and the project has been signed and on-line training activities for the implementation of GalenHos have continued with the IT staff of this hospital. As expected, this hospital will be developing a blood bank module within GalenHos. The project has started conversations with the Quillabamba hospital, so as to sign another institutional agreement next quarter.

In La Libertad, after the signature of the institutional agreement with Belén's Hospital, this institution has begun the preparation of an investment project for the further strengthening of its IT infrastructure. The hospital has requested the project to provide technical feedback on the best infrastructure to be implemented (to be followed by the update of GalenHos). In the meantime, it is expected that a reporting module within GalenHos can be implemented so as to allow the generation of additional health information, for instance, related to HIV care provided at the local level.

In Tumbes, the technical assistance has continued to be provided in order to allow the regular operation of GalenHos in this hospital. Changes in the top managerial team of the hospital prevented the conclusion of the implementation process on a timely basis. However, activities have been maintained and it is expected that with the new authorities, GalenHos will be fully operative in July-August.

In Cajamarca, implementation activities have continued although at a slow pace. It is expected that the inauguration of the new hospital infrastructure (next July) will force the speeding up of the process.

Regarding GalenHos Hospital, during quarter 5, maintenance activities have continued and, some of the most important changes are mentioned below:

- Design of the data enter screen for the exchange of information between the healthcare provider and SUNASA. This development aligns GalenHos with the sector milestones expected to be met in order to implement the universal health insurance reform. However, there is need to complement this advance with the development of the corresponding interoperability standards. This work may take several months before a final solution is designed and implemented.
- Revision of the SIS new forms in order to verify its full compatibility with GalenHos database. Modifications of the database have started this quarter and it is expected that next quarter the new GalenHos database will support current data requirements handed by SIS.

Regarding GalenHos Primary care, a prototype of a minimal set of GalenHos modules has been developed and installed in Kimbiri health center in Cusco. This set of modules involves clinical archives (individual and familial), admission, and outpatient registering. Local operators have been trained and it seems that the application fulfills their necessities regarding these components of the health information system.

4. Health Workforce

4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

4.1.1 Dialogue between experts and policy makers to design civil service policies in the health sector

During this trimester, the project has participated as a member of the Committee for the organization of the “Fifth meeting of managers in health human resources” to be held in Lima in July 2011. One of the three central topics selected for this meeting is related to “Health Career Path”. The contribution of the project in the analysis of principles and experiences in Health Career Path in Latin America will be part of the publication which will be distributed in this meeting. Besides, the project will participate as moderator in the Roundtable about “Health Career Path” and will be part of the Gallery banner of institutions that have contributed to the MOH in the design and implementation of strategies to improve the management of health human resources.

4.1.2 Design and validation of broad based system for planning health workforce has taken place in one region

At the national level, the project continued the coordination with the Ministry of Health in order to complete the investigations to determine the available time of health workers to provide individual healthcare in the first level and to calculate rural index at the national level.

At the regional level, our work was focused on providing technical assistance to the Regional Health Directorate San Martín in collecting the information needed for calculating the HR gap for the first level of care.

The last trimester, a roadmap was agreed among MOH, RHD team and the project, which included the organization and collection of the required information, the identification of tasks with the respective responsible and the timetable. This timetable was fulfilled satisfactorily.

According with the key issues presented in the last QR, the activities developed during the present trimester were:

- a) **ASEGURA adjustments**: With the support of an ICT expert, adjustments were made to allow:

- a. Calculations based on network population
- b. Consider regional prevalence of priorities diseases
- c. Consider the portfolio of procedures performed in health facilities and could potentially be done in the short term
- d. Select health conditions and procedures according to the needs of network programming
- e. Include available working time per year to provide PEAS conditions.
- f. Include rurality index by districts and the respective productivity index adjustment.

A first workshop was held in Moyobamba, to test the adjusted ASEGURA. Working groups were assembled by network, in order to do the calculation of the gap for each network. During validation, some teams were unable to properly install the software and the first adjustment for population could not be done, the other criteria ran smoothly; on the other side, some network information was not accurate and there was discussion about the type of information to use for the number of health workers. In this sense, the agreements of this workshop were: a) The project will review the functioning of the software; b) DIRESA will organize groups by network to improve quality of data; c) Each group will install ASEGURA again; d) DIRESA will define criteria to establish the number of health workers by network, in order to be used in gap calculations; e) DIRESA will define criteria to determine the available working time per year by occupational group.

There will be a second validation with the support of ICT specialist to be able to resolve the likely problems that may arise.

- b) **Determining available working time per year:** The last trimester we reported the results of a study financed by the MoH and accompanied by the project, which defined “the average time each health staff category are not available”, based on the application of an interview with health workers in a sample of health facilities of 2 networks in the RHD Ayacucho

During this trimester, DIRESA San Martín decided to calculate its own “Standard workload”. In a workshop developed with all the heads of networks, San Martín DIRESA decided to conduct a self-administered survey to all workers in all networks, instead of making a sample survey of health facilities such as that in Ayacucho.

In this sense, the project developed the following tasks:

- ✓ Design a new instrument to collect information, taking into account the lessons learned from the study in Ayacucho, in the sense of being more precise in the questions and their alternatives.
- ✓ Validate the instrument and the methodology in a network of Lima. For this, the project coordinated with the Lima Centro Network; the Chief of Max Arias Schreiber Health Center distributed the instrument to all staff of the network. The percentage of workers who responded to the survey was 54.3%. Then, meetings were held with respondents to collect feedback to improve the instrument. With these observations and the results of the analysis of the responses, we designed a final version of the instrument for use in all networks of DIRESA San Martín.
- ✓ A final version of the instrument was revised with DIRESA San Martín and finally approved (the questionnaire is shown in Appendix 4.1)A timetable to distribute the instrument was designed. Unfortunately, a prolonged strike of workers not allowed to conduct self-administered survey. The Networks Chiefs wanted to do the research in the middle of the strike, but due to nature of the topic and the possibility of misunderstanding, we recommended that this is not the right time to do so.

In order to have the required information, groups of experts were organized by occupational groups to fill out the survey. Results were analyzed and we found cases in which more than 80% of staff time was spent on activities not related to the provision of healthcare (in some cases were more than 100%). Given these results, DIRESA technical team decided to estimate the expected distribution of physician time, by expert opinion (see table below).

TIME DISTRIBUTION OF THE WORKLOAD DEDUCTIBLE,

DIRES SAN MARTIN – JUNIO 2011

DISTRIBUCIÓN DE TIEMPOS DE LA CARGA LABORAL DEDUCIBLE, DIRES SAN MARTÍN – JUNIO 2011

Grupos Ocup.	AUSENTISMO LABORAL				DESPLAZAM.		CARGA ADMIN.		OTRAS	TOTAL DEDUCIBLE
	VACACIONES	CAPACITACIONES	FESTIVIDADES	IMPREVISTOS	EMERGENCIAS	TRABAJO EXTRA MURO	GESTION ADMINISTRATIVA	OTRAS ACTIV.	ATENCIONES NO PEAS	
Médico ciruj.	150	32	16	16	24	34	200	0	132	604
Ciruj. dentista	150	16	16	8	6	15	92	0	61	364
Enfermera	150	64	16	16	24	94	200	0	132	696
Psicólogo	150	16	16	8	0	26	140	0	132	488
Obtetriz	150	64	16	16	18	45	140	0	0	449
Tecnól. Méd.	150	0	16	16	0	10	100	0	0	292
Biólogo	150	0	16	16	0	6	200	0	0	388
Nutricionista	150	16	16	16	0	5	108	0	0	311
Trabaj. Social	150	8	16	16	0	38	680	0	0	908
Téc. Radiolog	150	0	16	8	0	0	160	0	0	334
Téc. Laborat.	150	0	16	8	0	0	160	0	0	334
Fisioterapista	150	0	16	8	0	0	160	0	0	334
Serv. Técnico	150	0	16	8	24	32	180	0	61	471
Serv. Auxiliar	150	0	16	8	24	32	180	0	61	471

(*) Archivo: Taller4 Moyobamba 3Jun11\Paso 6 Tiempos Deducibles\Tiempos Deducibles Regionales.docx

- c) **Determining rurality index:** Performance is different in rural and urban settings. So, it is important to determine an index by rurality to adjust calculations.

Using data of the study developed by MoH for all the districts in San Martín, the project made calculations of the rurality index by network and then established the adjustment index by productivity.

This information was included in ASEGURA software.

**INDICADOR DE RENDIMIENTO SEGÚN ÍNDICE DE RURALIDAD DE LA
RED, DIRES SAN MARTÍN – JUNIO 2011**

REDES	Indicador de Rendimiento por Ruralidad
Red San Martín	0.91
Red Lamas	0.80
Red El Dorado	0.68
Red Picota	0.70
Red Moyobamba	0.84
Red Rioja	0.91
Red Mcal. Cáceres	0.76
Red Huallaga	0.76
Red Bellavista	0.71
Red Tocache	0.82

- d) **Current staffing**: In order to calculate the gap, besides to determine the required staffing, it is necessary to determine the current staffing by network. Some of the difficulties were the staff turnover, the positions budgeted but not covered. So, DIRESA has to define criteria to determine current staffing to calculate human resources gap. In the table below we present the consolidation of the information related to current staffing by network.

DOTACION ACTUAL DE PERSONAL ASISTENCIAL DE LAS REDES DE SALUD (1er. Nivel)
DIRES SAN MARTÍN – MAYO 2011

GRUPO OCUPACIONAL	REDES DE SALUD										
	Bellavista	El Dorado	Huallaga	Lamas	Mcal. Cáceres	Moyobamba	Picota	Rioja	San Martín	Tocache	Total general
Biólogo	0	1	0	0	0	2	1	1	2	0	7
Enfermera	18	14	12	8	26	41	18	29	51	21	238
Médico	16	9	12	8	18	37	21	29	31	25	206
Nutricionista	0	0	0	0	0	2	0	2	1	1	6
Obstetra	29	15	14	8	27	54	27	57	46	31	308
Odontólogo	2	2	2	1	3	10	3	8	8	3	42
Psicólogo	0	1	0	0	1	1	0	0	5	2	10
Servidor auxiliar	2	3	0	2	0	6	4	4	9	0	30
Servidor técnico	90	42	74	29	87	186	82	160	280	89	1,119
Tec. en laborat.	5	3	3	4	5	19	8	16	27	9	99
Tec. en radiología	0	0	0	0	0	0	0	1	0	0	1
Tecnólogo médico	0	0	1	0	0	1	0	1	2	2	7
Trabajador social	0	0	0	0	0	1	0	0	0	1	2
Total general	162	90	118	60	167	360	164	308	462	184	2,075

Fuente: Oficina de Personal DIRES San Martín (Mayo 2011)

- e) **Regional prevalence of priorities diseases**: ASEGURA software considers national prevalence of main diseases. In order to adjust ASEGURA to network calculations, the project provide technical assistance to establish regional prevalence to main diseases. The result is shown in the table below.

TASAS DE OCURRENCIA DE PRIORIDADES REGIONALES

DIRES SAN MARTÍN – JUNIO 2011

PRIORIDADES	ASEGURA	REGIONAL (*)	Ubicación en la Matriz (celda)*
Dengue	0.0495%	0.0659%	C887
Malaria Vivax	0.2315%	0.6900%	C865
Malaria Falciparum	0.0069%	0.1008%	C868
Leishmania cutánea	0.0355%	0.0961%	D923
Fiebre Amarilla Selvática	0.0004%	0.0019%	C949
EDA	1.0249%	0.5020%	C604
VIH-SIDA	0.0301%	0.0157%	C798
NEUMONÍAS	0.93%	0.18%	C743
TBC	0.11%	0.05%	C764
TBC- MDR	0.0036%	0.0011%	C780

Fuente: Oficina de Epidemiología de la DIRESA San Martín

Elaboración: El proyecto

One of the conclusions of this work is the need to define “Activity standard” (How much time on average a case should take each staff category which is involved in it, working to acceptable professional standards - WISN, a manual for implementation, pag. 5) and standards related to distribution of health providers’ time. It is not acceptable that health workers, who are hired to provide health care, spend more than 80% of their time to other activities; if we continue without properly organizing and controlling the distribution of these times, we will always have human resource gaps to fill.

4.1.3 Design and validation of regional human resources management system has taken place in one region

At the national level, we worked with the MoH the final version of the technical document “Health Human Resources Decentralized Management System, based on

competencies". This document will be published by PAHO and will be distributed in the "Fifth meeting of managers in health human resources".

At the regional level, in this trimester the project worked in San Martín, Huánuco and Ayacucho.

San Martín DIRESA: In the last QR, we reported the agreements we arrived in San Martín in relation to the design and implementation of processes of the HHR management system based on local priorities, under a "bottom up" model. Due to an adjustment of the activities of the entire project in San Martín DIRESA, it was decided to complete calculation of the human resource gap and then we will continue the work on the HHR management system.

The workers of DIRESA San Martín went on strike during April and May until they reached a set of agreements with the Regional Government. The Act of Agreements between the Regional Government of San Martín and the United Federation of Health Workers of San Martín, was signed on May 12th, 2011, and one of the agreements was: "It was agreed to develop selection processes based on merit according to competencies profile; form a commission to evaluate candidates for the Heads of DIRESA, Budget Execution Units, Networks, Micro networks, Regional Hospitals. This committee will also include a (01) representative of the FENUTSSA, as "ex officio" member, with voice and vote. The designations of winners will be valid for 6 months. The implementation of these contests will be done within 30 calendar days."

Based on this agreement, the Regional Government asked the project for technical assistance. In this sense, we recommended Regional Government to previously discuss key decisions and implications of the process. To do so, we discuss with Regional Government authorities the following questions:

- What are the expectations regarding the agreement with the union?: Problem to solve or goal to achieve.
- Who leads and is responsible for the process? What level of political endorsement has?
- Who designs the process and who implements it?
- Why level to begin? ¿DIRES, Network, Micronetwork, Hospitals?

- What does it mean or imply a selection process based on competencies?
- Who is involved in the process and how they will communicate?
- If RG ask for qualified and competent staff, how much they are willing to pay for the posts they think they cover?, What is the value they assigned to each position, how is thought to determine this value?

We present the meaning of a selection process based on competencies and the principles involved, such as: Merit, Transparency, Appropriateness, Fairness, Objectivity, among others. In order to achieve these principles, it is required: contest, observers, competencies, fare wage, performance standards, and evaluation tools.

Other previous conditions to develop selection process based on competencies in public sector are: ROF approved, CAP approved, vacancy, salary, competencies profile, posts requirements, recruitment and selection process approved, Selection committee officially designed.

The project present an analysis of the salaries at the network level, were the minimum salary is S/. 680 soles and the maximum salary is S/. 3,800 soles. Salaries above S/, 1500 soles are paid under CAS contract. With this information, Regional Government realized the need to establish new pay scales that are appealing to recruit qualified personnel. In the table below, we show the level of salaries at the network level.

Salary distribution at the network level: DIRESA San Martín

Red	# cargos	Sueldo mínimo	Sueldo Máximo	Planilla	Sueldo Promedio
Bellavista	2	1,300.00	2,300.00	3,600.00	1,800.00
Dorado	7	680.00	1,500.00	6,120.00	874.29
Lamas	1		680.00	680.00	680.00
Mcal Cáceres	11	680.00	2,300.00	9,990.00	908.18
Moyobamba	25	680.00	3,800.00	37,230.00	1,489.20
Picota	8	680.00	1,500.00	7,440.00	930.00
Rioja	20	680.00	3,800.00	24,803.00	1,240.15
San Martín	27	680.00	1,500.00	22,970.00	850.74
Tocache	4	1,800.00	2,300.00	8,700.00	2,175.00
	105			121,533.00	1,157.46

Fuente: DIRESA San Martín

The project will provide support in the design of the scope of work of a consultant to design the performance standards and evaluation tools to develop selection process for: 3 key posts in DIRESA, Directors of 2 Hospitals; Chiefs of 4 networks which are Budget Execution Units. The Regional Government will approve the pending ROF and CAP; will define design the procedures for the selection process; the project will provide technical assistance for it.

Huánuco DIRESA: One of the requirements of Huanuco DIRESA was the design of managerial competencies. In order to help the DIRESA team to more clearly define their needs for technical assistance in this area, especially to determine how it will be used these competencies, we agreed to conduct a workshop on "Human Resource Management competency-based". Participants in the workshop were workers of DIRESA, networks, micronetworks and hospitals. This workshop has enabled the team of DIRESA to know and understand the processes involved in the system and can determine in which processes they will apply the competencies.

Ayacucho DIRESA: In this trimester, Ayacucho DIRESA asked for technical assistance to determine a "salary scale". One of the main problems in the DIRESA is the large number of projects being implemented, many of which employ staff with different salaries to develop the same activities. This is generating discomfort and loss of staff motivation.

A first activity was to develop a technical meeting with DIRESA managers; in this meeting the project presented the salary scale as an instrument of the Compensation process and the inter relationship of this process with the other processes of the HHR management system. One of the conclusions of this meeting was the need to capacity building in human resources management for all managers in DIRESA, Network, Micronetwork and hospitals.

In this sense, the project developed a first workshop in "Health Human Resources Management System based on competencies", to 47 participants.

4.1.4 Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region.

Huánuco DIRESA: Once we develop the workshop on the HRMS, the next step in the definition of managerial competencies was the design of the "Architecture of competence" which is a preliminary document which embodies the agreements related to the design of competencies, especially the type of competencies that will be designed, for whom and in which process will be used.

Since the Regional Government has approved a new definition of networks and micronetworks, on the basis of provinces and districts, the need to define the responsibilities of these managers is a priority, so they can cover these new staff positions with competent workers. But to do this work, they must define the functions will assume networks and micronetworks.

The document is in Appendix 4.2

5. Medical Products, Vaccines and Technologies

During the second quarter of 2011 the activities of the component Medical Products, Vaccines and Technologies continued as scheduled. In the case of the regions of Cusco and Apurimac, where regional advisers were withdrawn from the March 31, had already previously agreed areas where technical assistance would be provided, prioritizing according to the needs of each one.

So that, Cusco DIRESA decided to work with the generation of information, strengthen its distribution system and improve its programming and needs projection of medicines and supplies.

In the Apurimac region, the DIRESA Apurimac I agreed to make the analysis of the key processes in drug supply management and the strengthening of skills and capacity development to supply management, primarily in programming, procurement and distribution of medicines and supplies.

The DISA Apurimac II requested to continue the performance evaluation of the Drug Distribution Centres and Supplies (CDMI), systematization and institutionalization of procedures for the operation and implementation of new CDMI and its implementation until cover all the micro networks.

Additionally, during this quarter began the intervention of the component in Ucayali region, through the development of a quick assessment of drug supply, to identify major constraints and areas of intervention.

In DIRESA Ayacucho, the quick assessment made during the 2010 was updated and defined lines of action, giving priority to matters relating to procurement.

In San Martin continued, as main activity, with the development of a methodology to estimate drug needs based on the programming of its health services and epidemiological profile of the population.

5.1. Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards

The project approach in the process of enhancing regional capacities to manage the supply of medicines and supplies is focused on optimizing forecast needs, purchasing management and develop efficient distribution systems that promote adequate availability in health facilities.

We have been working on the development and implementation of methodologies that meet the health objectives of each region, considering the capacity of health services and the epidemiological profile of the population.

In this sense, the region of San Martin have conducted 5 workshops, in which it has been established the methodology and procedures to implement.

They decided to work on the epidemiological profile of the population, using the parameters of ASEGURA. Additionally, clinical cases were validated with the HIS databases for health network.

These results were validated for each of the 10 networks witch is organized the DIRES San Martín.

Subsequently the results were presented and discussed with the regional drug committee members, priority was given to related drugs with the regional goals (mainly malnutrition) and agreed on final parameters for the estimation of drugs.

As main findings of the design and implementation, we can mention the following:

The estimation of drug needs in the San Martín DIRES has been carried out centrally (EU Network San Martín 400) and without the participation of other execution units, networks and micro networks.

The statistical method used is the historical use, trying to adjust deviations from the averages, fill in missing information in some cases and project trends. They believe that both processes followed by the methodology as applied statistics, the results have not been satisfactory.

Use or have used in the 1st. Care Level 436 items (drugs and their various presentations).

Show a heterogeneous level of inventories, there are 19 items with the equivalent of 10 or more years of use, 31 items 3 to 7 years of use, 27 with about 2 years consumption (in total 136 items in inventory are sufficient to cover the one to more years of consumption) and on the other hand there are 38 items in inventory equivalent to 3 months or less consumption, with risk of shortages.

The on inventories and consumption patterns of certain medications (overuse of antibiotics, antiparasitic, anti-inflammatories, antihistamines) are signs that the region have budgetary resources.

Prescribers drive consumption to the drugs they know are available, marking patterns according to their availability.

The system self adjusts to face shortages of production factors deteriorating the quality of the service: No respect level resolution or referral systems (only works in extremes). They cater to demand, no prioritization. Use staff without appropriate skills for prescribing: psychologist, nutritionist, nurse, nursing technician and medical technologist (in addition to doctors and obstetricians), Substitute for optimal treatment alternatives; not have the tools for proper diagnosis, and so on.

Begin to make prescribing patterns and consumption that are a reflection of the deterioration of the supply capacity of health services.

There are self-medication marked patterns (eg People often dewormed every 6 months promoting the use of albendazol).

Produce where the incentives: priority of acute care. Sources of financing (in this case donations and transfers) address production. According to the survey ENAHO 6% of its adult population suffers from acute and chronic 19%.

There is high substitutability between similar drugs, and between different presentations of the same.

Patients and users have not incorporated the concept of comprehensive treatment. Many do not return for monthly treatment. His opportunity cost of going to health facilities is higher than the expected benefit. In relative terms, This is most evident in lower income populations. Do not attend to monthly checks or collect for drugs.

They have no tracking system to complete treatment, do not know how to buy and deliver to their estimated cases.

Consider that several diseases are not funded by the SIS (eg epilepsy, diabetes) and are not receiving full treatment (in some cases bought at private pharmacies and drugstores).

There is no uniformity in prescribing practices, using different alternatives for each variant according to regional characteristics.

No control of prescription drugs for resolution levels.

Hospitals of all networks (with the exception of Tarapoto) are health centers I-4. This creates confusion when deciding which actually corresponds to the 1st. Level.

The medications associated with clinical variants of PEAS in some cases are different from criteria prescription of doctors.

The final results of this process will be presented in the next quarter.

5.1.1 Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region

The proposed work is aimed at implementing a methodology to estimate drug needs of DIRES San Martín, based service scheduling, health priorities, the characteristics of demand (epidemiological profile) and production capacity in each area (health network).

The focus is aimed at both improving the processes and on establishing a new statistical methodology.

The final product of this technical assistance in the region of San Martín is the design and implementation of a procedure for estimating the needs of medicines and supplies, including the PEAS as a framework and reflect "reasonable" to meet these requirements with the health goals they have set.

5.1.2 Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region

The goal of pharmaceutical supplies, medical devices and health products is to ensure the availability of comprehensive treatment in public health facilities in the region, according to the characteristics, needs and epidemiological profile of the target population, using resources rationally.

Supply management is the ability to enforce the objectives, the ability to conduct a series of activities and / or routines, which executed with certain criteria, take to produce the desired results.

In the process of providing pharmaceutical products, there are a number of activities (sub processes) which are closely associated in a systemic logic, aimed at the same results with the same solutions. Any action within the system, more independent enough, affects the entire system. Consider that some of these activities can be undertaken in different areas, but the goal remains the same.

Since the beginning of the project has been working in regions different processes involved in the entire system of drug supply. The experiences of a regional have been enriched by putting them into other areas. The aim has been to adapt to different situations is what has worked well.

On DIRESA Apurimac I emphasized the process of budgeting and execution. The results of this experience being implemented in Ayacucho, where even it is providing technical assistance to redesign its procurement processes.

The DISA Apurimac II (DISUR Chanka) began work to strengthen the management of distribution, where micro networks taking the lead role in operationalizing this process. Distribution center were developed in 4 micro networks headers, who shall respond directly to health facilities in their areas on the basis of pull system.

The lessons of this experience in distribution were applied to the reality of DIRESA Cusco, but in this case was the Network of Health who began the distribution process.

The methodology for developing the regional list of essential drugs developed for DIRESA Ayacucho was applied with better results in DIRESA Apurimac I, who already have a regional list of essential drugs for primary care.

In San Martín was developed and applied a methodology to estimate and manage the needs of their medications. Then apply this tool is expected in other regions.

In the Apurimac DIRESA I was provided technical assistance to restore financial and operational capacity of the Directorate of Drugs. To date, we are working with the region of Ucayali in the same direction.

5 Activities Monitoring Table

Project Components, Activities and Sub-Activities	Location	Qr 6 -2011	Monitored	Qr 7 -2011
Project Management				
Project planning, monitoring and reporting				
Web Page update	Central		Completed	
Quarterly monitoring meetings with staff	Central		Completed	
Elaboration of quarterly progress reports	Central		Completed	
PMP base line and monitoring	Central		Completed	
Health Governance				
Strengthen and expand decentralization of the health sector				
Health sector issues have been debated publicly in the political transition at the national and regional level				
Central	Central			
TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda (National and Lima)	Central		Completed	
Support to the Coordination Committee to monitor progress of the agreements in health	Central		Completed	
Systematization and dissemination of the results of policy dialogue (D 1.1)	Central		Intermediate	
New health authorities and officials receive key information and policy advice regarding the decentralization process				
Elaboration of the systematization of the health decentralization process (D 1.2)	Central		Initial	
Publication of policy briefs	Central		Intermediate	
Meetings with key actors to promote discussion of health decentralization process: going forward	Central		Completed	
Presentation of executive summaries to new health administration regarding health decentralization	Central		Completed	
Ayacucho	Ayacucho			
Presentation of executive summaries to new health administration regarding health decentralization	Ayacucho		Completed	
Cusco				
Presentation of executive summaries to new health administration regarding health decentralization	Cusco		Completed	
Huánuco				
Presentation of executive summaries to new health administration regarding health decentralization	Huanuco		Completed	
San Martín	San Martin			
Presentation of executive summaries to new health administration regarding health decentralization	San Martin		Completed	
The intergovernmental health coordination body has agreed on, approved and is implementing a health agenda				
Central	Central			
TA to MOH and RHDs to organize and facilitate meetings of the IHC	Central		Completed	
TA to MOH and RHDs for the discussion of key issues in IHC work group	Central		Completed	
TA to MOH and RHD to facilitate agreements with MoH for the IHC	Central		Completed	
Elaboration of technical report on local health functions matrix	Central		Advanced	

The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health	Central			
Central	Central			
Meeting with the MOH to select the national health priority that requires a decentralized management model	Central		Completed	
Constitution of work group (MOH, PAHO, USAID/AMI, USAID/HP) and approval of work plan to prevention and control of malaria	Central		Completed	
Fundraising to the work plan implementation (USAID/AMI)	Central		Advanced	
Identify pilot regions for model design and its implementation	Central		Intermediate	
Interviews and workshops with MOH and pilot regions to identify critical issues regarding the decentralized management model of prevention and control of malaria	Central		Initial	
Review the evidence on the impact of decentralization on public health and malaria	Central		Initial	
Elaboration of concept paper on decentralized management model of prevention and control of malaria	Central		Initial	
Regional Health Directorate and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization				
Central	Central			
Elaboration of operational guideline for the delimitation of health networks and micro networks	Central		Advanced	
Elaboration of methodological guidelines for RHD reorganization (D 1.4.)	Central		Completed	
TA to MoH Decentralization Office in the second regional application of MED Salud-I	Central		Completed	
San Martín	San Martin			
TA for the revision and update of the reorganization plan	San Martin		Advanced	
Elaboration of RHD internal organizational documents (Personnel Assignment Cadres) in key units	San Martin		Completed	
Ucayali	Ucayali			
TA to formulate Regional Health Plan	Ucayali		Completed	
The MoF and MoH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local governments				
Central	Central			
Sistematization of the Municipal Incentive Program (MIP) during year 1 (D 1.5)	Central		Intermediate	
Elaboration of proposal for RG and LG framework agreement for malnutrition reduction and MIP (intergovernmental relationship)	Central		Completed	
Ayacucho	Ayacucho			
Interviews to RG and selected LG to complete the systematization of 2010 MIP implementation	Ayacucho		Completed	
Meeting with RG to define intergovernmental relationship strategy	Ayacucho		Intermediate	
San Martín	San Martin			
Meeting between RG and LG to define intergovernmental agreement	San Martin		Completed	
Ucayali	Ucayali			
Meeting between RG and LG to define intergovernmental agreement	Ucayali		Completed	
One RHD has approved health sector anticorruption plan				
Huánuco	Huánuco			
TA to Regional Government to elaborate Anticorruption Plan in Health	Huánuco		Initial	
Health Insurance and Financing				
Activity 2.1: Improve health coverage of poor and vulnerable populations				
The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB	Central			

related health services				
TA to MOH to update standard costing of PEAS	Central		Initial	
Elaborate description of technical design PEAS	Central		Advanced	
Publication of PEAS technical report	Central		Advanced	
New health authorities and officials receive key information and policy advice regarding strategic action to strengthen and expand the health insurance reform				
Systematization of policies and regulations taken by the national health authority regarding health financing and insurance (D 2.1)	Central		Initial	
Elaborate systematization of the health insurance reform process (D 2.2)	Central		Intermediate	
Systematization of policies and regulations taken by the regional governments regarding health financing and insurance (D 2.4)	Central		Initial	
Ayacucho	Ayacucho			
Presentation of executive summaries to new health administration regarding health insurance	Ayacucho		Completed	
Cusco	Cusco			
Presentation of executive summaries to new health administration regarding health insurance	Cusco		Completed	
San Martín	San Martin			
Presentation of executive summaries to new health administration regarding health insurance	San Martin		Completed	
The MoH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance				
Central	Central			
Publication of working document Fiscal Space	Central		Advanced	
Elaboration of a technical report on Health Financial Reform (D 2.3)	Central		Intermediate	
Meeting with key actors to discuss contents of the technical report	Central		Completed	
Ayacucho	Ayacucho			
Workshop with RG, RHD/CTIR members to assess progress	Ayacucho		Completed	
Cusco	Cusco			
TA to the RHD and CTIT for the implementation of UHI in VRAE	Cusco		Completed	
Activity 2.2: Ensure efficiency and equity in health resource allocation				
The MOH has designed a new Budgetary Program in the framework of the implementation of performance budgeting				
Central	Central			
TA to MOH to develop proposal of new Budgetary Program based on the Essential Health Insurance Plan (PEAS)	Central		Completed	
Development of health products to be financed by the Budgetary Program	Central		Completed	
Technical meetings with MOH and MOF to discuss the methodological fundamentals of Budgetary Program and evaluation criteria	Central		Completed	
Elaboration of implementation plan of the new Budgetary Program after MOF validation	Central			
Regional plan for improved management of health financial flows has been approved and is being implemented in one region				
San Martín	San Martin			
Workshops with RHD and Networks and Micro Networks to redesign financial flows and identification of critical control points	San Martin		Completed	
Approval of technical proposal of financial flows by RG	San Martin		Intermediate	

RHD in one priority region has formulated multiyear health investment plan				
Central	Central			
Technical meetings with MoH and MoF to discuss methodology of formulation of the multi-year health investment plan	Central		Completed	
Elaboration of Technical report on validated methodology to formulate and implement a Multi Year Health Investment Plan at the regional level	Central		Completed	
San Martín	San Martin			
Workshop on the methodology of multi-year investment plan to members of the Planning Division of RHD	San Martin		Completed	
Health Information				
The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in three regions				
National data quality standards are established or improved	Central			
Central	Central			
TA to the MOH for the conformation of the Implementing group of the Standard of Interoperability HL7	Central		Advanced	
TA to the MOH for the design of the Development plan of standard of Interoperability for the affiliation of users of AUS	Central		Advanced	
Elaboration of report of policies, regulations and programmatic actions taken by national and regional governments regarding registry, use and dissemination of reliable data for decision making (D 3.1)	Central		Initial	
Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions				
Central	Central			
Development and validation of the prototype of GalenHos-Primary Care (including micro-network)	Central		Completed	
Migration of hospital GalenHos to a free access platform	Central		Advanced	
GalenHos maintenance Hospital	Central		Completed	
Training of GalenHos implementers (Hospital and first level)	Central		Completed	
Coordination with SUNASA regarding GalenHos			Advanced	
Ayacucho	Ayacucho			
Maintenance of GalenHos-Hospital	Ayacucho		Completed	
Cajamarca	Cajamarca			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	Cajamarca		Completed	
Cusco	Cusco			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database (Sicuni/Quillabamba)	Cusco		Advanced	
Monitoring of GalenHos (Sicuni/Quillabamba)	Cusco			
Technical meeting with RHD, Network Managers to design implementation plan of GalenHos-Primary Care	Cusco		Completed	
Tumbes	Tumbes			
Monitoring of GalenHos (Hospital)	Tumbes		Completed	
Health Workforce				
Activity 4.1: Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.				
Dialogue between experts and policy makers to design civil service policies in the health sector	Central			
Central	Central			

Report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding human resources for health. (D 4.1)	Central		Initial	
Design and validation of broad based system for planning health workforce has taken place in one region				
Central	Central			
Technical meetings with MOH and RG to coordinate guidelines for HHR planning	Central		Completed	
San Martín	San Martín			
Data collection to validate tools and methodology to determine the HR time available for healthcare activities	San Martín		Completed	
Workshops to train in ASEGURA to calculate HR time to provide PEAS priorities at network level	San Martín		Advanced	
Design and validation of regional human resources management system has taken place in one region				
San Martín	San Martín			
Technical meeting with Regional Government to define a roadmap for the development of selection processes based on key competencies for managerial positions	San Martín		Intermediate	
Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region				
Huanuco	Huánuco			
Technical meetings with DIRESA to define key managerial competencies	Huánuco		Intermediate	
Medical Products, Vaccines and Technologies				
Activity 5.1: Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards				
Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region				
Central	Central			
Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their population characteristics.	Central		Advanced	
Elaborate operational guideline to forecast and plan needs for pharmaceuticals and supplies	Central		Advanced	
Ayacucho	Ayacucho			
TA to the Pharmacologic Committee and the approval of the regional list of pharmaceuticals and supplies	Ayacucho		Intermediate	
San Martín	San Martín			
Validation of methodology to forecast and program needs of pharmaceutical products	San Martín		Advanced	
TA to RHD to strengthen the capacities of regional and local networks to plan, forecast and manage drug requirements	San Martín		Advanced	
TA to RHD to estimate pharmaceutical budget and prepare its annual procurement plan.	San Martín		Advanced	
Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region				
Apurímac - Abancay	Apurímac			
Elaboration of technical report regarding regional distribution	Apurímac		Advanced	
Apurímac - Andahuaylas	Apurímac			
Elaboration of technical report regarding regional distribution	Apurímac		Advanced	
Ayacucho	Ayacucho			
TA to improve logistic process and procedures	Ayacucho		Initial	

San Martin	San Martin			
TA to improve logistic process and procedures	San Martin		Advanced	
Ucayali	Ucayali			
Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels	Ucayali		Completed	
TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)	Ucayali		Initial	

6 USAID Indicators Reporting Table

Item	FY 2011 targets	Advances thru June 2011
3.1.1 HIV		
Indicator HIV 1 - C0 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6 hospitals	<p>Capacity building thru the implementation of the information System GALENHOS. The GALENHOS was implemented in San Martin (Moyobamba Hospital, Tarapoto Hospital), Cusco (Sicuani Hospital), Ayacucho (Cajamarca Hospital), Tumbes (JAMO Hospital) and La Libertad (Belen Hospital).</p> <p>The use of the system will be verified by the reports of health service provision related with HIV screening and treatment</p>
3.1.6 MCH		
Indicator MCH 1- Number of institutions with improved management of maternal and child health programs or services	100 institutions	<p>1 MOH and 25 Regional Governments had dialogued about the validation rules to pay the health services (include maternal and child health care) by the public insurance</p> <p>at the national assembly (ANGR) and/or health intergovernmental commission (CIGS)</p>
3.1.7 FP/RH		
Indicator FP/RH 2- Z Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	4 policies or guidelines	<p>1 Guide of multiyear health investment plan was completed (include FP/RH services)</p> <p>The guides of PEAS on FP/RH was revised and updated (include health conditions related to FP/RH services)</p>
Number of institutions with improved management of family planning/reproductive health programs or services	25 institutions	1 DIRESA (San Martin) & 10 Health networks have calculated the gap of human resources (include FP/RH services)

7 Planned Activities July-December 2011

Project Components, Activities and Sub-Activities	Location	Qr 7 -2011	Qr 8 -2011
Project Management			
Project planning, monitoring and reporting			
Web Page update	Central		
Quarterly monitoring meetings with staff	Central		
Elaboration of quarterly progress reports	Central		
PMP base line and monitoring	Central		
Elaboration of annual reports	Central		
Overall project deliverables	Central		
Technical report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding the universal health insurance pilots	Central		
Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of maternal - prenatal and child health and proposing benchmarks and strategies for future interventions	Central		
Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of FP/RH and proposing benchmarks and strategies for future interventions	Central		
Health Governance			
Deliverables	Central		
Report on the results of dialogues with political parties regarding the health agenda	Central		
Report on the process of health decentralization, including activities undertaken, and recommendations for future strategic action to strengthen and expand decentralization of the health sector	Central		
Report containing the decentralized management model for selected national health priority, including activities undertaken, and recommendations for implementation	Central		
Report on the progress made regarding reorganization and revised functioning of the RHD	Central		
Report containing the assessment of the Municipal Incentive Program in three regions, including activities undertaken, and recommendations for improvement	Central		
Strengthen and expand decentralization of the health sector			
Health sector issues have been debated publicly in the political transition at the national and regional level			
Central	Central		
TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda (National and Lima)	Central		
Support to the Coordination Committee to monitor progress of the agreements in health	Central		
Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues (National and Lima)	Central		
Systematization and dissemination of the results of policy dialogue (D 1.1)	Central		
New health authorities and officials receive key information and policy advice regarding the decentralization process			
Elaboration of the systematization of the health decentralization process (D 1.2)	Central		
Publication of policy briefs	Central		

Dissemination of policy briefs (Meetings and other)	Central		
Participation of public fora, seminars, etc. by invitation	Central		
Meetings with key actors to promote discussion of health decentralization process: going forward	Central		
Executive summaries to new health administration regarding health decentralization	Central		
The intergovernmental health coordination body has agreed on, approved and is implementing a health agenda	Central		
Central	Central		
TA to MOH and RHDs to organize and facilitate meetings of the IHC	Central		
TA to MOH and RHDs for the discussion of key issues in IHC work group	Central		
TA to MOH and RHD to facilitate agreements with MoH for the IHC	Central		
Elaboration of technical report on local health functions matrix	Central		
The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health	Central		
Central	Central		
Fundraising to the work plan implementation (USAID/AMI)	Central		
Identify pilot regions for model design and its implementation	Central		
Interviews and workshops with MOH and pilot regions to identify critical issues regarding the decentralized management model of prevention and control of malaria	Central		
Review the evidence on the impact of decentralization on public health and malaria	Central		
Elaboration of concept paper on decentralized management model of prevention and control of malaria	Central		
Workshop to discuss the concept paper	Central		
Support to MOH and regions to design the decentralized management model of prevention and control of malaria	Central		
Support to MOH and regions to validate the decentralized management model of prevention and control of malaria	Central		
Regional Health Directorate and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization			
Central	Central		
Elaboration of operational guideline for the delimitation of health networks and micro networks	Central		
Elaboration of tool to assess feasibility of network and micro network organization	Central		
Systematization of the reorganization processes in RHD and health networks	Central		
TA to MoH Decentralization Office in the second regional application of MED Salud-I	Central		
TA to MoH Decentralization Office in the revision and validation of regional MED Salud-II	Central		
Apurímac	Apurímac		
TA to design reorganization of networks and micro networks - Abancay	Apurímac		
TA to design reorganization of networks and micro networks - Andahuaylas	Apurímac		
Ayacucho	Ayacucho		
Technical meeting to sensitize RG about the MED application	Ayacucho		
Workshop to analyze MED results and prioritize functions to be strengthened	Ayacucho		
Cusco	Cusco		
TA for the implementation of reorganization of RHD and networks	Cusco		
San Martín	San Martín		
TA for the revision and update of the reorganization plan	San Martín		
Technical meetings and workshops with RHD to revise and monitor reorganization plan	San Martín		
Elaboration of Health Network internal organizational documents (Organization Manuals) in 3 HN	San Martín		
Ucayali	Ucayali		

TA to RHD in the second regional application of MED Salud-I	Ucayali		
The MoF and MoH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local governments			
Central	Central		
Sistematization of the Municipal Incentive Program (MIP) during year 1 (D 1.5)	Central		
Elaboration of awareness and training program for health network and micro network chiefs for agreements with LG	Central		
Elaboration of methodological proposal for health network and LG action plan agreement for malnutrition reduction and MIP	Central		
Elaboration of proposal to strengthen accountability mechanisms in the health sector	Central		
Ayacucho	Ayacucho		
Meeting with RG to define intergovernmental relationship strategy	Ayacucho		
Meeting between RG and LG to define intergovernmental agreement	Ayacucho		
TA to RG (HRD) for training of health networks for the promotion of action plans with LG for the reduction of malnutrition	Ayacucho		
TA to RG (HRD and networks) to selected health micro networks in the elaboration of action plans with LG for the reduction of malnutrition	Ayacucho		
San Martín	San Martin		
TA to RG (HRD) for training of health networks for the promotion of action plans with LG for the reduction of malnutrition	San Martin		
TA to RG (HRD and networks) to selected health micro networks in the elaboration of action plans with LG for the reduction of malnutrition	San Martin		
TA to health micro networks and LG for the implementation of accountability mechanisms to the local community	San Martin		
TA to RG and LG to monitor and assess intergovernmental relationship strategy	San Martin		
Ucayali	Ucayali		
TA to RG (HRD) for training of health networks for the promotion of action plans with LG for the reduction of malnutrition	Ucayali		
TA to RG (HRD and networks) to selected health micro networks in the elaboration of action plans with LG for the reduction of malnutrition	Ucayali		
One RHD has approved health sector anticorruption plan			
Huánuco	Huánuco		
TA to Regional Government to elaborate Anticorruption Plan in Health	Huánuco		
Health Insurance and Financing			
Deliverables			
Report on policies and regulations taken by the national health authority regarding health financing and insurance	Central		
Report on the process of health insurance, including activities undertaken, and recommendations for future strategic action to strengthen and expand the health insurance reform	Central		
Technical report on health financing reform and strategy to ensure health financing reform developed with broad participation and gain wide public support	Central		
Report on policies, regulations, and programmatic actions taken by regional governments regarding health financing	Central		
Technical report on validated methodology to formulate and implement a Multi Year Health Investment Plan at the regional level	Central		
Activity 2.1: Improve health coverage of poor and vulnerable populations			
The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services			

TA to MOH to update standard costing of PEAS	Central		
Elaborate description of technical design PEAS	Central		
Publication of PEAS technical report	Central		
ASEGURA update	Central		
New health authorities and officials receive key information and policy advice regarding strategic action to strengthen and expand the health insurance reform			
Systematization of policies and regulations taken by the national health authority regarding health financing and insurance (D 2.1)	Central		
Elaborate systematization of the health insurance reform process (D 2.2)	Central		
Systematization of policies and regulations taken by the regional governments regarding health financing and insurance (D 2.4)	Central		
Publication of policy briefs	Central		
Dissemination of policy briefs (Meetings and other)	Central		
Participation of public fora, seminars, etc. by invitation	Central		
Executive summaries to new health administration regarding health insurance reform (on demand)	Central		
Ayacucho	Ayacucho		
Capacity building of key officials regarding health financing (PEAS)	Ayacucho		
Cusco	Cusco		
Capacity building of key officials regarding health financing (PEAS)	Cusco		
The MoH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance			
Central	Central		
Publication of working document Fiscal Space	Central		
Elaboration of a technical report on Health Financial Reform (D 2.3)	Central		
Meeting with key actors to discuss contents of the technical report	Central		
Ayacucho	Ayacucho		
TA to CTIR to develop action plan	Ayacucho		
Cusco	Cusco		
TA to the RHD and CTIT for the implementation of UHI in VRAE	Cusco		
Activity 2.2: Ensure efficiency and equity in health resource allocation			
The MOH has designed a new Budgetary Program in the framework of the implementation of performance budgeting			
Central	Central		
Elaboration of implementation plan of the new Budgetary Program after MOF validation	Central		
Regional plan for improved management of health financial flows has been approved and is being implemented in one region			
San Martin	San Martin		
Approval of technical proposal of financial flows by RG	San Martin		
Ucayali	Ucayali		
TA to RHD in the analysis of SIS reimbursements	Ucayali		
RHD in one priority region has formulated multiyear health investment plan			
Central	Central		
Technical meetings with MoH and MoF to adjust norms regulating health investment	Central		
Apurimac	Apurimac		
Workshop on the methodology of multi-year investment plan to members of the Planning Division of RG	Apurimac		
Cusco	Cusco		

Workshop on the methodology of multi-year investment plan to members of the Planning Division of RHD	Cusco		
San Martín	San Martín		
Workshops with RG and RHD for the estimation of physical gaps for the implementation of PEAS at regional level	San Martín		
Workshops with RG and LG to prioritize health investments needs	San Martín		
TA to RHD for the elaboration of multi-year investment plan	San Martín		
Health Information			
Deliverables			
A report of policies, regulations and programmatic actions taken by national and regional governments regarding registry, use and dissemination of reliable data for decision making related to integrated health and to MCH, FP/RH, HIV/AIDS and TB.	Central		
The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in three regions			
National data quality standards are established or improved			
Central	Central		
TA to the MOH for the conformation of the Implementing group of the Standard of Interoperability HL7	Central		
TA to the MOH for the design of the Development plan of standard of Interoperability for the affiliation of users of AUS	Central		
Elaboration of report of policies, regulations and programmatic actions taken by national and regional governments regarding registry, use and dissemination of reliable data for decision making (D 3.1)	Central		
Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions			
Central	Central		
IT audit of hospital GalenHos to be migrated to a free access platform	Central		
Migration of hospital GalenHos to a free access platform	Central		
Migration of GalenHos Hospital to platform Web	Central		
Design, development of new modules of GalenHos-Hospital (e.g. universal health insurance reports, pharmacy, etc.)	Central		
Audit of additional Modules of GalenHos Hospital developed by Clients	Central		
Update of GalenHos Hospital with new Modules (outpatient care, surgical room)	Central		
Design of plan of Monitoring of GalenHos (Hospital and first level)	Central		
GalenHos maintenance Hospital	Central		
GalenHos maintenance first level	Central		
Development of public investment prototype for the health provision information system for micro network	Central		
Training of GalenHos implementers (Hospital and first level)	Central		
Coordination with SUNASA regarding GalenHos	Central		
Ayacucho	Ayacucho		
TA for the development of public investment project for the health provision information system for hospitals	Ayacucho		
Validation of prototype GalenHos-Primary Care (including installation, training, customization)	Ayacucho		
Monitoring of GalenHos Hospital	Ayacucho		
Workshops for elaboration of hospital IT investment project	Ayacucho		
Cajamarca	Cajamarca		
Monitoring of GalenHos	Cajamarca		
Cusco	Cusco		

Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database (Sicuani/Quillabamba)	Cusco		
Monitoring of GalenHos (Sicuani/Quillabamba)	Cusco		
Training workshops to RHD IT team for the installation and operation of GalenHos-Primary Care	Cusco		
Training workshops to RHD IT team for the local configuration of GalenHos-Primary care database	Cusco		
Huanuco	Huánuco		
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	Huánuco		
Monitoring of GalenHos (Hospital)	Huánuco		
Workshops for elaboration of hospital IT investment project	Huánuco		
La Libertad	La Libertad		
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	La Libertad		
Monitoring of GalenHos (Hospital)	La Libertad		
San Martín	San Martin		
TA to monitor health information improvement plan	San Martin		
Validation of prototype GalenHos-Primary Care (including installation, training, customization)	San Martin		
Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	San Martin		
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	San Martin		
Training workshops to RHD IT team for the installation and operation of GalenHos-Primary Care	San Martin		
Training workshops to RHD IT team for the local configuration of GalenHos-Primary care database	San Martin		
Monitoring of GalenHos (Hospital)	San Martin		
Tumbes	Tumbes		
Monitoring of GalenHos (Hospital)	Tumbes		
Health Workforce			
Deliverables			
Report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding human resources for health.	Central		
Activity 4.1: Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.			
Dialogue between experts and policy makers to design civil service policies in the health sector			
Central	Central		
Technical assistance to MOH in policy dialogue for Health Career Path (Focus in the first level of care)	Central		
Report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding human resources for health. (D 4.1)	Central		
Design and validation of broad based system for planning health workforce has taken place in one region			
Central	Central		
Development of research to determine the HR time available for healthcare activities	Central		
Technical meetings to define a procedure to calculate the gap in HR at the first level of care	Central		
Design a proposal of guidelines and procedures to define action plans and monitor plan to fill the gap.	Central		
Ayacucho	Ayacucho		
Workshops to train in ASEGURA to calculate HR time to provide PEAS priorities at network level	Ayacucho		

Workshops with regional technical team to define the gap in HR to implement PEAS and define strategies and action plans to fill the gap in HHR	Ayacucho		
Technical meetings with regional team to monitor the implementation of action plans.	Ayacucho		
San Martín	San Martín		
Workshops to train in ASEGURA to calculate HR time to provide PEAS priorities at network level	San Martín		
Workshops with regional technical team to define the gap in HR to implement PEAS and define strategies and action plans to fill the gap in HHR	San Martín		
Technical meetings with regional team to monitor the implementation of action plans.	San Martín		
Design and validation of regional human resources management system has taken place in one region			
San Martín	San Martín		
Technical meeting with Regional Government to define a roadmap for the development of selection processes based on key competencies for managerial positions	San Martín		
Technical assistance to the RG in designing the rules and procedures for recruitment and selection	San Martín		
Technical assistance to the RG in the design of performance standards and evaluation tools for the selection process	San Martín		
Technical meetings with the GR to monitor the implementation of the selection process.	San Martín		
Technical assistance to the RG in the systematization of the application of a selection process based on competencies (lessons learned and recommendations)	San Martín		
Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region			
Central	Central		
Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies	Central		
Technical meetings with MOH to coordinate the design of a proposal of a system for the evaluation and supervision of competencies at the regional level.	Central		
Ayacucho	Ayacucho		
Workshop(s) to define managerial competencies profile for RHD / network / micro network	Ayacucho		
Technical meetings with RHD to define key managerial competencies	Ayacucho		
Workshops to define performance standards for key managerial competencies	Ayacucho		
Workshops to design competencies evaluation tools for key managerial competencies	Ayacucho		
Apurímac	Apurímac		
Technical meetings with DIRESA to define key managerial competencies	Apurímac		
Huanuco	Huánuco		
Technical meetings with DIRESA to define key managerial competencies	Huánuco		
Medical Products, Vaccines and Technologies			
Deliverables			
Report on policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding pharmaceutical and supply chain management systems.	Central		
Activity 5.1: Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards			
Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region			
Central	Central		
Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their	Central		

population characteristics.			
Technical meetings with DIGEMID to present the methodology proposal	Central		
Technical meeting to present ASEGURA to DIGEMID	Central		
Elaborate operational guideline to forecast and plan needs for pharmaceuticals and supplies	Central		
Report on policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding pharmaceutical and supply chain management systems (D 5.1)	Central		
Ayacucho	Ayacucho		
TA to the Pharmacologic Committee and the approval of the regional list of pharmaceuticals and supplies	Ayacucho		
San Martin	San Martin		
Validation of methodology to forecast and program needs of pharmaceutical products	San Martin		
TA to RHD to strengthen the capacities of regional and local networks to plan, forecast and manage drug requirements	San Martin		
TA to RHD to estimate pharmaceutical budget and prepare its annual procurement plan.	San Martin		
Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region			
Apurímac - Abancay	Apurimac		
Elaboration of technical report regarding regional distribution	Apurimac		
Apurímac - Andahuaylas	Apurimac		
Elaboration of technical report regarding regional distribution	Apurimac		
Ayacucho	Ayacucho		
TA to improve logistic process and procedures	Ayacucho		
TA to Preparation of manual processes (MAPRO) on regional flows prepared for drug delivery	Ayacucho		
San Martin	San Martin		
TA to improve logistic process and procedures	San Martin		
TA to improve the distribution system to health facilities	San Martin		
Ucayali	Ucayali		
TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)	Ucayali		

Political parties

The principal problem in this period was to maintain the regularity of work in an electoral context, being that it is a highly competitive campaign.

Anticorruption

To date, no anti-corruption priority proposals have been validated by the presidency and senior management of the regional government of Huánuco. As the plan anti-corruption technical team supported, the political decision on priorities is a very sensitive issue in this field. All plan development based on priorities is maintained at a high political support and resources to anti-corruption steps and plan managers

Information Systems

Difficulties have arrived with the uncertainty of the time scope that the project might have due to political changes at the national level and/or changes in USAID own local policy. Since IT solutions require longer times for the design of prototypes, validation in field, corrections, development, IT auditing and implementation, shorter deadlines may put in risk the completion of the general objectives of the component, specifically in the development of GalenHos for Primary Care, and the development of a consolidating application for primary and hospital health information systems.

9 Proposed Solutions to New Problems

Anticorruption

It has been proposed to the HRD of Huánuco that the project can help in facilitating the Regional Government meeting, where supporting the proposed priorities and make decisions on the matter. Also, the development of a memory aid to guide this decision. It is expected a date for this important meeting.

Information System

New information from the MoH and USAID will serve to adjust or confirm the nature of the deliverables to be handed.

10 List of Upcoming Events

Health Governance

- Technical meetings on health decentralization process at Lima aimed at to identify and disseminate critical issues to be incorporated in its balance.

Political Parties

- July 13th – The committee concluded the consensus's document about non communicable diseases and human resources.
- July 20th – The committee concluded to subscribe the agreement document about Lima metropolitan.
- July 21st – Present the first report about the APPS's systematization.

Anticorruption

- Meeting of regional government decision-makers to set priorities in health anti-corruption. 3rd week of July.
- Technical meeting of formulating anti-corruption plan. 2nd week of August.

Information Systems

- Training sessions for GalenHos Hospital for Tarapoto and Moyobamba hospitals

Appendixes

